

Docket No.: H0075.70115US00  
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Dirk Salmon  
Serial No.: 10/590,564  
Confirmation No.: 8565  
Filed: May 7, 2007  
For: CLEANING CART  
Examiner: Coolman, V.  
Art Unit: 3618

Certificate of Electronic Filing Under 37 CFR 1.8  
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: July 9, 2008

Signature: Doris A. Champagne (Doris A. Champagne)

CORRECTION TO ENTITY STATUS

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

At the time of filing of the above patent application, large entity fees were paid, and large entity status was claimed on the Application Data Sheet. We have now been informed by our Associates that the Applicant is a small entity.

It is respectfully requested that the large entity status be changed to small entity status for this application, and that a refund in the amount of \$515.00 be made to Deposit Account No. 23/2825 for the difference in fees paid to date. A Statement Regarding Small Entity Status is attached.

04/06/2009 CKHLOK 00000011 10590564

01 FC:2617	65.00 OP
02 FC:2631	155.00 OP
03 FC:2633	105.00 OP
04 FC:2642	205.00 OP

Repln. Ref: 04/06/2009 CKHLOK 0011245800  
DAR: 23/2825 Name/Number: 10590564  
FC: 9204 \$370.00 CR

Adjustment date: 04/06/2009 CKHLOK  
05/10/2007 GFREY1 00000038 232825 10590564  
01 FC:1617 130.00 CR

Adjustment date: 04/06/2009 CKHLOK  
08/30/2006 GFREY1 00000075 10590564  
01 FC:1631 -300.00 OP  
02 FC:1633 -200.00 OP  
03 FC:1642 -400.00 OP

Action	Amount actually paid (as Large Entity)	Amount which should have been paid (as Small Entity)	Fee Difference Due to Applicant
Application Fees (Basic National Fee, Examination Fee and Search Fee)	\$900.00	\$450.00	\$450.00
Late Oath or Declaration Surcharge	\$130.00	\$65.00	\$65.00
Total Due			\$515.00

Applicant additionally requests that all pertinent U.S. Patent and Trademark Office records relating to the subject application be changed to reflect this correction.

Dated: July 9, 2008

Respectfully submitted,

By William R. McClellan  
William R. McClellan  
Registration No.: 29,409  
WOLF, GREENFIELD & SACKS, P.C.  
Federal Reserve Plaza  
600 Atlantic Avenue  
Boston, Massachusetts 02210-2206  
617.646.8000

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																
1 Date of Request: <u>3/17/09</u>				2 Serial/Patent # <u>10/590,564</u>												
3 Please refund the following fee(s):				4 PAPER NUMBER		5 DATE FILED		6 AMOUNT								
<input checked="" type="checkbox"/>	Filing					08/30/06		\$ <u>500.00</u>								
<input type="checkbox"/>	Amendment							\$								
<input type="checkbox"/>	Extension of Time							\$								
<input type="checkbox"/>	Notice of Appeal/Appeal							\$								
<input type="checkbox"/>	Petition							\$								
<input type="checkbox"/>	Issue							\$								
<input type="checkbox"/>	Cert of Correction/Terminal Disc.							\$								
<input type="checkbox"/>	Maintenance							\$								
<input type="checkbox"/>	Assignment							\$								
<input type="checkbox"/>	Other							\$								
				7 TOTAL AMOUNT OF REFUND				\$ <u>500.00</u>								
				8 TO BE REFUNDED BY:												
				Treasury Check												
				X Credit Deposit A/C #:												
				9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">2</td> <td style="width: 20px;">3</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">8</td> <td style="width: 20px;">2</td> <td style="width: 20px;">5</td> </tr> </table>						2	3	--	2	8	2	5
2	3	--	2	8	2	5										
10 REASON:																
<input checked="" type="checkbox"/>	Overpayment															
<input type="checkbox"/>	Duplicate Payment															
No Fee Due (Explanation):																
no longer large entity																
11 REFUND REQUESTED BY:																
TYPED/PRINTED NAME: <u>JoAnne Burke</u>				TITLE: <u>Paralegal</u>												
SIGNATURE: <u>[Signature]</u>				PHONE: <u>2-4584</u>												
OFFICE: <u>Office of Petitions</u>																
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																
APPROVED: <u>[Signature]</u>				DATE: <u>4/6/09</u>												

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**